Bio	AMS Sampl	e Submissio	n Sheet						
Date	Submitted:								
Sub	mitter Informa	tion:		Storago	Information:				
Jub	Name:		L	Storage	(freezer, fridge	, RT)			
	Phone:				(,,			
	Fax:								
	email:								
Proj	ect Informatio	n:							
	RR p	roject Number:							
	<u>Title:</u>								
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San	ple Information	on:				Test Compound Information:			
	Aim of experiment:					Name			
	experiment:					FW/MW			
						Sp. Act.		mCi / mmol	
	Iotal Number of	of Samples sub Test samples: # Controls:	mittea:						
	<u>"</u>	# Controls:							
Spe	cial information	n needed for r	netabolite extracts/HPLC fra	ctions:					
							Face and 1	Matheway	
							Expected level of 14C (DPM or equivalent)	Method of analysis (LSC	
				Type of tissue or	Form (solid		(DPM or	or process	
	Sample #	Tub	e / Container label:	sample	or liquid)	Weight or Volume of sample	equivalent)	knowledge)	
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